



Collaborating Centre Connection - January 2012

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Closing the 2009–2012 Workplan; Final Edition Posted on WHO Website

By Marilyn Fingerhut

The [final edition of the 2009–2012 Workplan](#) has been posted on the WHO website, including the Summary of Priorities, the Summary of Project Titles, Grid Listing of Collaborating Centre (CC) Projects, and the entire Compendium with all project descriptions and their final reports. This Workplan represents the contribution of the WHO Global Network of Collaborating Centres in Occupational Health to assist countries in implementing [World Health Assembly Resolution 60.26: the Global Plan of Action on Workers' Health \(GPA\) 2008-2017](#)  .

The CC projects within the 2009–2012 Workplan are organized into five groups, each focused on one of the five Objectives of the Global Plan of Action for Workers' Health: 1) To devise and implement policy instruments on workers' health, 2) To protect and promote health at the workplace, 3) To improve the performance of and access to occupational health services, 4) To provide and communicate evidence for action and practice and 5) To incorporate workers' health into other policies. The progress of projects has been coordinated by volunteer Managers from several of the Collaborating Centres and the projects themselves have been prioritized into subgroups within each GPA objective. Each subgroup of projects is coordinated by a CC Initiative Leader. These GPA managers and initiative leaders have worked in cooperation with the Network Co- Coordinators, and the occupational health staff in Geneva and in regional offices to support, maintain and track progress. Thank you to all who have been working on these projects and provided the necessary leadership on a national, regional and global level.

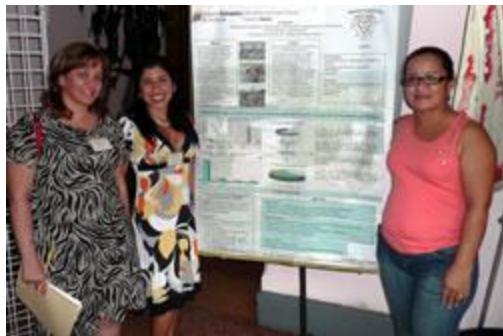
The CCs are currently moving forward with the **2012–2017 Workplan** which will retain many of the same priorities from the previous cycle and will involve fewer but larger collaborative projects.

Looking forward

The closing of the 2009–2012 Workplan saw much success from the efforts made for healthcare workers, silica, mining, road safety, and exploration of the field of nanotechnology, to name a few. The work of the Collaborating Centres, however, is not finished and these topics remain high priority areas for continuing and future efforts.

Looking Back: Protecting a Healthcare Workforce from Needlestick Injuries in Venezuela

By Maria Lioce and Susan Wilburn



In 2007, WHO, PAHO and NIOSH adapted and translated into Spanish the preventing needlestick injuries (NSI) tool kit. Venezuela, the first pilot site, provided a best practice example exceeding the goals of the project to assess and address policy, practice and programmes to protect health workers occupational health.

The project began with four hospitals in one state anchored within the *Institute of Public Health Advanced Studies Dr. Arnoldo Gabaldon (IAES)* in collaboration with the state health department, -CORPOSALUD and led by the faculty champion, Maria del Carmen Martinez. Within four years, the Train-the-Trainer program reached 725 healthcare facilities and occupational health centres in all 23 Venezuelan states. Eight national institutions and partners partnered with IAES to integrate the content into 13

Occupational Safety and Health and Public Health programs in universities.



These efforts have brought with it several successes which include the establishment and training of 242 health & safety committees in hospitals and implementation of surveillance for bloodborne pathogens using EPINet. Seventy-five percent (75%) of health workers have been immunized

against hepatitis B and around 50% of NSI were reduced. A total of 1,690 university students and 6,758 trainers were trained who have in turn educated approximately 35,000 HCWs in the country.

Looking Back: Basic Occupational Health Services in the National Health Strategy of China

By Suvi Lehtinen and Jorma Rantanen



China has drawn up a National Health Strategy, in which the development of the content and expansion of the coverage of occupational health and safety (OHS) from the present 10% is presented as an important objective. With the support of WHO China Office, a three-year pilot programme (2006–2009) was launched for the development of basic occupational health as a joint action of the Ministry of Health (MoH), State Administration of Work Safety Supervision (SAWSS), Ministry of Human Resources and Social Security (MOHRSS), and All-China Federation of Trade Unions. The project focused on strengthening occupational health supervision, occupational health services and service capacity of the 19 counties of 10 provinces. Training was provided for over 6000 experts. Eighty-eight secondary level CDC units were established, and expert and supervisory staff increased. The occupational health monitoring of working conditions and workers' health found more than 600,000 workers exposed to hazards. The health examinations for workers found a high number of new occupational diseases.

After the evaluation of the first pilots, the Chinese Ministry of Health decided in 2010 to expand the BOHS projects to an additional 19 provinces and 46 counties and an Inter-ministerial Coordination Committee was established for the development of OHS in China. A special National Occupational Health Programme for 2009–2015 was initiated, with goals to gradually expand the BOHS approach to the whole country.

Spotlight: Initial Test Results Reveal New Method of Gold Extraction - Philippines

By Erik Jors



The Denmark Clinic of Occupational and Environmental Medicine is working with partners (NGO Dialogos, Danish Society of Occupational and Environmental Medicine, Danish Universities and local partner Ban Toxins (BANTOX)) in the Philippines to substitute the use of mercury with borax and soap in small-scale gold mining, thus avoiding mercury intoxications and pollution of

the environment. The first results, run from December 2010 tests in Baggio, have shown that the mercury-free gold extraction method is less time consuming and nearly three times more effective than the traditional mercury method. During one of the early demonstrations of the new method, the mercury process produced 1.2 grams of gold while the borax slosh method extracted 3.2 grams using the same amount of randomly picked ore. The gold quality using borax is also higher, which translates to higher selling price for the miners.



In many of the gold rich regions of the country, a significant portion of a family's income comes from gold mining, a reality that becomes particularly true for areas where other forms of livelihood are non-existent. In an industry where vulnerable workers, including young workers, are engaged in the hazardous work of mining, often spending

hours diving into narrow holes filled with water and digging mud for gold extraction, the results open doors for a healthier and safer mining population and a cleaner environment. What was generally believed to be impossible may now become a reality, as partners embark on a project to break off small-scale miners from mercury dependence, keeping these workers safe and healthy in their work.

9th Meeting of the Global Network of WHO Collaborating Centres for Occupational Health

15-16 March 2012, Cancun, Mexico

The World Health Organization convenes the *9th meeting of the Global Network of Collaborating Centres for Occupational Health* in Cancun with the following objectives:

1. To review the progress made by WHO and its CCs in implementing the Global Plan of Action for Workers' Health (GPA)
2. To propose and agree upon a strategic Workplan for further implementation of the GPA objectives for the period 2012-2017

The meeting is expected to result in large collaborative projects, active working groups, new partnerships and sub-networks for the implementation of the identified priority initiatives under the new strategic Workplan, as well as to strengthen synergies between all network members. Invited participants are directors and experts from the WHO CCs, representatives of the NGOs in official relations with WHO, and partners, such as the ILO. The organizer is the WHO secretariat from headquarters in collaboration with colleagues from the WHO regional offices and NIOSH, the Network Chair.

The meeting is closed and for members of the Network only. To register for the Network meeting, please complete this short registration form:

https://extranet.who.int/datacol/survey.asp?survey_id=1889

Hotel Information: The Network meeting will be held in the Westin Cancun Hotel Resort and Spa at Boulevard Kukulcan KM 20, Cancun, Quintana Room 77500, Mexico (Tel.: (52)(998) 848 7400; <http://www.westincancun.com>)

At the WHO Global CC Network meeting, WHO will cover a conference package for one participant from your Institute. Any additional participant will need to arrange for payment at the hotel of an additional cost of US\$ 22/day/person.

The *International Commission on Occupational Health (ICOH)* hosts an international Congress every three years on protecting workers, providing an opportunity for international partners to meet in person to advance research of mutual concern and discuss special topics for working sessions. The 30th ICOH Congress is scheduled for March 18-23rd, in Cancun. The program can be found at

<http://www.icohcongress2012cancun.org/>. **You may reserve a room** at the Westin Hotel (either for the Network meeting, or both the Network and ICOH meetings) but note that the special WHO rate of \$85 expired on 15 December 2011.

Lastly, please also note that you will need to **register separately for the ICOH 2012** at <http://www.icohcongress2012cancun.org/>.

If you have any questions about administrative issues concerning the Global CC meeting, please call Terri Mealiff at 41 22 791 4024 or send an e-mail to mealift@who.int; for technical issues please call Evelyn Kortum at 41 22 791 3531 or send an e-mail to kortume@who.int